HDMS —— 125th ANNIVERSARY

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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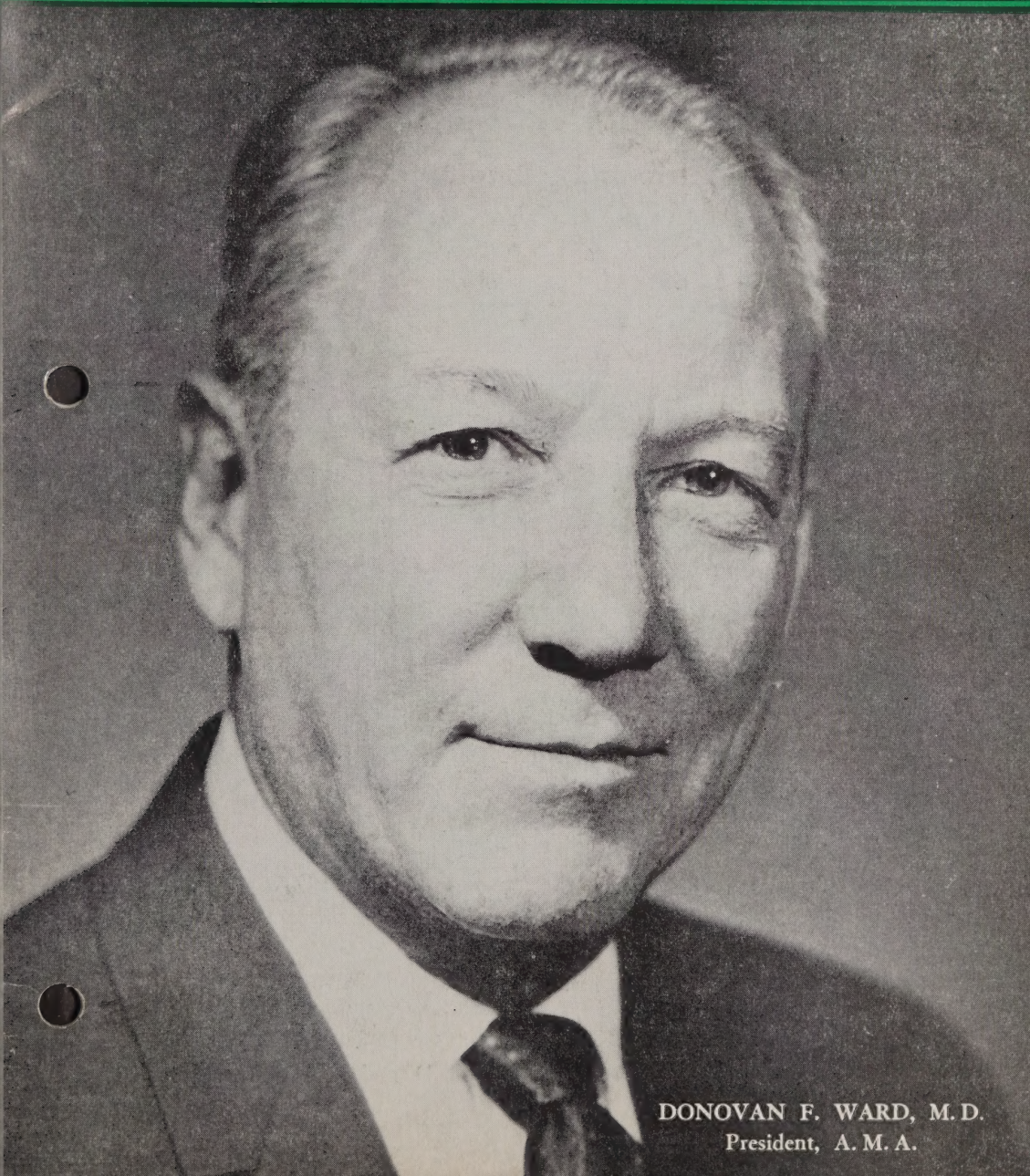

DONOVAN F. WARD, M.D.
President, A. M. A.

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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"MEDICINE SERVES ALL MANKIND"

by DONOVAN F. WARD, M.D., President, AMA

(From an address presented at 125th Anniversary Meeting, Feb. 2, 1965)

In preparing my remarks, I realize that they are general; that in some areas, they are not applicable to everybody, to all doctors, to all people, to all legislators, but I think, in general, they are true and they highlight the challenge facing this profession today.

To begin, I would like to read from an editorial which appeared several days ago in the Detroit Free Press. This outlines our problem or at least it gives the reasons for our problem.

The headline says, "A Job For A Crusader." And it reads as follows:

"Twelve years as a pollster have inspired Samuel Lubell to undertake a new column dedicated to the proposition that too many Americans are too easily taken in. He is troubled, he says, by the growing tendency to look upon the public as a bunch of gullible fools whose emotions and opinions are to be manipulated at will.

"We are, by no means, in accord," the editorial writer continues, "with those who think the greater body of Americans are gullible and fools, and I am sure that the doctors would agree. Rather, we are inclined to think that the public can be manipulated so outrageously at times because it simply does not take the trouble to find out the truth, though no country has more ample means for doing so.

"As an example of this characteristic, consider the Gallup Poll findings about Medicare. It disclosed that 40 percent of those interviewed believed Medicare will cover the fees of physicians, surgeons and dentists. As proposed, Medicare would not pay these bills. It would cover only the cost of being in a hospital or a nursing home for a limited period of time.

"Thirty-seven percent did not even have misinformation. They admitted that they did not know anything at all about Medicare's coverage. Which left 23 percent, fewer than a quarter of the people, who knew the facts on one of the nation's most discussed controversial issues.

"Yet, as any editor can tell you, raising a doubt about Medicare will bring many a hatfull of angry letters demanding to know how he expects elderly people on slim pensions to pay for house calls, having their appendices out and getting new dentures. And this is just one example, though perhaps the most glaring one current.

"Lubell has set himself quite a task but we hope to see him at least make some headway against what he describes as a widening use in our political life by both Democrats and Republicans of advertising gimmicks, slogans, labels, image-making and other theatricals to win and hold public support. It is a place where a crusader is needed."

Public is Misinformed

The Gallup Poll shows that only one out of four of the people who were asked to vote and express their opinions even knew the issue. Sixty-three percent said they are for it.

They ask this question: "Do you happen to know why the American Medical Association is opposed to the Medicare program?"

And I read from Gallup's report: "Fifty-two percent are unable to give any reasons."

Over half of our patients do not even know why we are opposed to a program that we say will threaten the very system of medicine under which they have prospered.

Only 48 percent gave reasons. The top reasons were that this program would cut down the profits of doctors and that it would be a move toward socialized medicine.

What does this mean? It means our story still is not understood. Why is this so?

The enemies of medicine have accused doctors of being against medical care for our elderly citizens. They have done a good job of spreading this

(Continued on page 23)

For a report on the 125th Anniversary Dinner-Meeting (plus photographs) see pages 20 - 22)

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HAMPDEN CAPSULES

Speakers Bureau:

Dr. David Williams, Feb. 4 at Council of Churches to ministers and social workers on Eldercare.

Dr. Karel Susat, Feb. 4 at Yankee Pedlar, Holyoke, to Pioneer Valley Underwriters Insurance at 12:15 P.M. on Eldercare.

Dr. Robert Emery on May 10, 1965 to Golden Age Group at East Longmeadow on Eldercare.

If you *pay* your Massachusetts Medical Society Dues *before* March 1, 1965, the Hampden District Medical Society will be entitled to a substantial refund.

Removal of Offices:

To 140 Chestnut St., Springfield
Charles Atamian, M.D.
F. Fred Fortin, M.D.
John Zadworny, M.D.

To 1767 Northampton St., Holyoke
Edward L. Ferguson, M.D.

To 33 School St., Springfield
Ralph S. Rodney, M.D.

To 25 School St., Springfield
Leo Schwartz, M.D.

Dr. Mildred J. Hausmann has transferred to non-resident membership of MMS.

COMMITTEE MEETINGS TO BE HELD in February at Society offices —

Public Relations
Mental Health
Medical Assistants
Executive
Medico-Religious to meet for one hour with Springfield Memorial Society
Public Health

TAX-SUPPORTED MEDICAL CARE

A brief report from the Committee on Tax Supported Medical Care suggests that after two years of attending meetings in Boston, we have found, matters for the most part, to be very frustrating and seemingly devoid of anything constructive.

The last meeting of this committee, held on December 9, 1964, considered the new Veterans' Administration schedule for 1967, at which time Mr. Oakley of the Veterans' Administration seemed quite in accord with a definite increase in the Veterans' Administration schedule of fees. Those set for 1965 and 1966 cannot be changed.

We are also informed that there has been introducted in the Massachusetts legislature, Bill S494, which is aimed at removing the fifteen mile clause as implemented in the Massachusetts Kerr-Mills Bill. This has been one of the biggest gripes of doctors practicing within fifteen miles of a teaching hospital. If this bill comes to your attention, please investigate it thoroughly and endeavor to arrange for this bill to be passed.

Harry L. Roberts, M.D.
Chairman

To date seven new members have applied for admission in May.

HD Association of Medical Assistants

The Hampden District Association of Medical Assistants cordially extends an invitation to all members of the Hampden District Medical Society to attend its annual Membership Party to be held at Ye Olde Coach Inn, Agawam, Mass., on Tuesday, March 9, 1965 at 7:30 p.m.

Miss Judy Pezzini
Chairman

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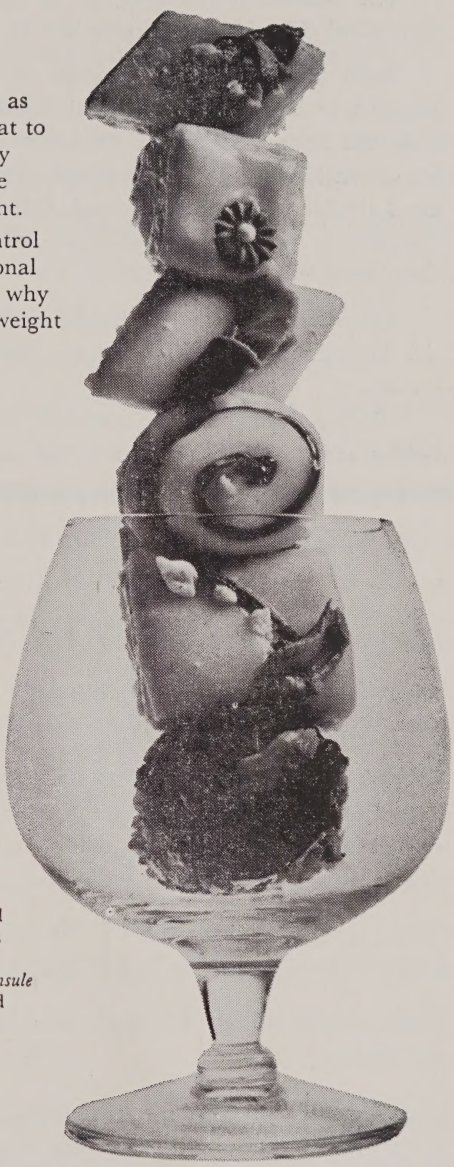

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IN MEMORIAM

DONALD J. MACLEAN

Dr. Donald J. MacLean of 20 Knox Street, Palmer, died at the Springfield Hospital on September 13, 1964.

Born in Nova Scotia, Canada, on January 12, 1878, Dr. MacLean attended Dalhousie University in Halifax, Nova Scotia, and graduated from the Boston College of Physicians and Surgeons in 1910. He served his internship at the Massachusetts State Infirmary and a residency at the Lakeside Hospital, Cleveland, Ohio. He came to the Monson State Hospital in 1912 and served there on the medical staff until his retirement from practice in 1946.

Dr. MacLean was a member of the American Medical Association, the Massachusetts Medical Society, and the Hampden District Medical Society.

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

ATTENTION COMMITTEE CHAIRMEN!

In order to shorten the coming Annual Meeting the Executive Committee voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only requirements are: (1) that the report not exceed 300 words (2) that the report reach the Secretary's desk not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting, which is scheduled to take place on April 27.

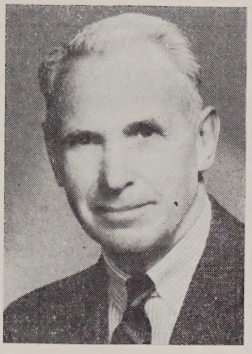
Reports containing "recommendations" will have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will instead report to their respective Parent Committees.

Your cooperation is urgently requested.

Harry N. Memery, M.D., Secretary

President's Page



SIR WINSTON CHURCHILL

For the moment I am going to lay aside medical matters and pause to pay tribute to an incomparably great man who died on January 24, 1965 — Sir Winston Churchill.

People throughout the free world and many of those enslaved behind the "iron curtain", will mourn for a long time the passing of this child of history, this indomitable leader, humanitarian and statesman. There is little doubt that the world is freer and safer today only because of Winston Churchill.

He was undeniably the man of the century and it is quite likely that he could have worn the same mantle and crown in any other century. It is likely also that the world may never again be blessed with a statesman of Churchill's stature and calibre.

He was a great phrasemaker and one of his most famous phrases, in referring to the R.A.F., was "Never in the history of human conflict was so much owed by so many to so few." Paraphrased slightly this could apply easily to Sir Winston himself.

It has been a rare privilege and experience to have lived in Churchill's day and age.

Theodore R. Miner, M.D.

COMING EVENTS

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 27 ,1965

EXECUTIVE COMMITTEE MEETINGS: FEBRUARY 16 and MARCH 16

ACADEMY OF MEDICINE, MARCH 9 (Page 16)

AMERICAN DIABETES ASSOCIATION, NEW YORK CITY, JUNE 19 - 20

AMERICAN COLLEGE OF PHYSICIANS, CHICAGO, ILL., MARCH 22 - 26

AMERICAN ACADEMY OF PEDIATRICS, BAL HARBOUR, FLA., APRIL 26 -29

M.M.S. ANNUAL MEETING, BOSTON, MAY 18, 19, and 20.

A.M.A. ANNUAL MEETING, NEW YORK CITY, JUNE 20 - 24

AVOID CONFLICTING MEETINGS

The Annual Meeting of the Massachusetts Medical Society will be held in Boston on May 18, 19, and 20. To encourage attendance, members of our District Society are urged to cancel hospital conferences, and avoid scheduling all other meetings during the three-day period of the State Meeting.

MEDICAL LEGISLATIVE PROBLEMS

by

THE HONORABLE MAURICE A. DONAHUE

State Senator, Second Hampden District

and

President of The Senate, General Court of Mass.

(Abstracted from an address delivered before the H.D.M.S., Dec. 1, 1964)

The Hampden District Medical Society (organized officially in 1840) is one of 21 districts of the Massachusetts Medical Society. Hampden has a record of many "firsts" and has set the pattern for similar projects by other district medical societies. In 1951 it established an emergency medical coverage plan. It has conducted series of public forums on pertinent medical problems and has initiated many public relations programs designed to promote health education. Its program of improving relations with the legal profession by joint conference sessions set the pace for similar work on a state level. It did the same with the clergy and representatives of the mass media of communication.

There's no question that Hampden District Medical Society has made its mark on a state level. As one native son pointed out to me years ago, "They're well aware in Boston that good medicine is practiced west of Worcester County."

Politically and medically, I suspect that we natives have always been on the defensive in our relationship with our eastern brethren. And because of this attitude, we have certainly made our presence known. We politicians, however, probably haven't been quite as successful as you. I understand that your delegates to the Council of the Massachusetts Medical Society are certainly outspoken, forthright, knowledgeable, and effective. So are your elected representatives at the State House. But we haven't produced as many heads of state as you have produced presidents of your state society. Since 1942 you've had as presidents of the state society Drs. George L. Schadt, Edward P. Bagg, the late Frederick Hagler, and last year, Allen S. Johnson. I understand that it was Dr. John M. Birnie of Springfield, who, as Society president in 1927, established the state society headquarter's fund, which resulted in the present headquarter's building in, of all places, Boston.

Mr. Charles Dunn, your state society's most effective legislative counselor, has advised me that your representatives on the Committee on State Legislation have been outstanding, and that Dr. Robert Emery, your present representative, is most effective. Mr. Everett Spencer, the state society's executive secretary and a Holyoke na-

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tive, advises me that eleven Hampden District Society members serve on State Society Committees, and that one of the six delegates to the American Medical Association is Dr. Donald Hayes. As chairman of the State Society's Committee on Mental Health, Dr. Jerome Whitney is making his presence known in the state legislature.

And, I understand that your district woman's auxiliary is the best in the state. This is natural, obviously.

All in all, I'd say, you do darn well. And now that the turnpike has brought Boston closer to Springfield, which is as it should be, I anticipate that Hampden District Medical Society will enhance its already enviable position.

And I hope in your attempts to develop and maintain high standards of public health, medical education and practice you will make your presence known on the "hill." I can assure you that we are proud of Massachusetts' place in the world of medicine and we will do everything to maintain and extend that position.

Medical School Site

The University administration favors Amherst because it would permit the integration of basic science programs of the medical school with the on-going graduate programs in the related fields of biology, chemistry, physics, etc. It would also simplify the administrative set-up of the new medical school and many of the supporting services such as maintenance, purchasing, accounting, etc., would not have to be duplicated.

The main problem at Amherst would be the need to build a large teaching hospital of at least 400 beds — a 600 bed hospital would even be preferable. This would be for a medical school student body of 400 — 100 students in each class. How long will it be before the population of Amherst could justify a hospital of this size, together with an outpatient department adequate to teach 400 students all of the medical problems of ambulatory patients? Such a hospital will have to compete for patients with the excellent facilities of Holyoke, Springfield and Ludlow — not to mention Hartford, Albany and Boston.

Advantages of the Springfield - Holyoke Area as a Site for the Medical School

1. A high level of medical practice and the availability of well trained men from whom to recruit a faculty.
2. Excellent hospitals which have undergone extensive renovation, expansion, and modernization within recent years.
3. A cooperative community with excellent local leadership from the

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medical profession and business and political leaders.

4. The desirability of building a great medical center in Western Massachusetts comparable to Boston.
5. The relative nearness of the area to the University campus at Amherst and the opportunity for close working relationships at both the undergraduate and graduate levels.

I understand that some 57 communities have indicated an interest in having the medical school within their boundaries. There are probably six or seven major contenders. The Board of Trustees of the University has a difficult decision to make — a decision which will have far-reaching importance for many years to come.

I feel sure that the Springfield-Holyoke area is in an excellent contending position and can offer a great many advantages to the new medical school.

Welfare Payments

I know that many of you are concerned at the policies of the Welfare Department regarding payment for welfare cases. I don't need to tell you that it is the intention of the State to provide good medical care for the unfortunate indigent sick. Physicians have traditionally volunteered their services without payment for the care of these individuals. We seem to be in a period of transition when the State is assuming more responsibility and the physician is feeling that if others are to be paid for their services, why shouldn't he be. Any period of readjustment is always difficult. As taxpayers I am sure that many of you are sympathetic to the objective of spending as little of the State's funds as possible, but you wonder why it should be at your expense. I think that there is something to be said on both sides of this question. I would hope that a mechanism could be established for open and frank discussion of this question. This is a Statewide problem and possibly a committee of the Massachusetts Medical Society should be discussing this with the Welfare Commissioner and his medical advisors. I am sure that the State officials and the medical profession have a common objective in this situation — good medical care for patients at a cost fair and equitable both to the State and to the physicians.

Nursing Homes

Speaking of welfare patients leads me to the problem of nursing homes. As you may know, there are about 1200 nursing and rest homes in this State with about 23,000 patients. Two-

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thirds of these patients are welfare recipients and the Welfare Department spends over $32 million a year for the care of these patients. Seventy per cent of the patients are over 75 years of age, and 50% are more than 80 years old.

There are many problems associated with this rapidly growing industry. First is the safety of the patients against fire. We periodically have fires. The worst recent one being about two years ago with the death of eleven patients. During the last session of the General Court we enacted legislation Class II construction in all new nursing homes. This is roughly fireproof construction. And within a few months all existing nursing homes will be required to have sprinkler systems.

In addition to fire safety, we are also concerned with the amount of nursing care and the amount of medical supervision these elderly patients receive. About two years ago, the Boston College School of Nursing conducted a study of a large number of nursing homes. The report of this study has been published and reveals some distressing facts. Although one-third of the patients were bedridden and 20% were incontent, 88% of the records had no medical history of any sort and 86% of the patients' records showed no evidence of any medical evaluation within the past year prior to examination of the record. Ninety-eight per cent of the nursing home operators complained of difficulty in getting information from doctors, hospitals and clinics. It is interesting to note that the report says that the public assistance patients had the best medical supervision. I call these matters to your attention, not in criticism, but as the statement of a problem. A problem which is going to become greater as we continue to have a more aged population and a problem which deserves the concerted attention and leadership of the medical profession. This is not something which can just be left to the State to take care of. The State has responsibilities here, but it needs the interest, advice and help of the doctors of the State in developing sound, reasonable programs to deal with this problem. We need forward-looking constructive leadership, not only to deal with the present problem, but to lay out plans for the next few years when we know the amount of chronic illness will be much greater.

Drug Addiction

As you are well aware, one of the most troublesome health problems in this Commonwealth, as in many other States, is that of drug addiction. Apparently not only has the number of addicts been increasing, but more and more, youngsters are becoming involved. We can only guess at the number of addicts in the State. Estimates range from 1500 to 5000. Regardless of the total number, each one is a tragedy — not only to himself but to his family and associates.

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During the past year a Drug Addiction Rehabilitation Board was established and a treatment center was set up at the Boston State Hospital. The Board is made up of the Commissioners of Public Health, Mental Health, and Correction. I am told that at the present time much of the work is experimental as there is so much that is not known about the treatment of addiction. In any case the State has started to give serious attention to the problem. And may I say that this new approach has had the strong support of the medical profession and of the Massachusetts Medical Society.

In this connection I am informed that in a recent ruling the Attorney General has indicated that it is legal for the individual physician to treat drug addiction as long as the physician is actually treating the patient and not just supplying the addict with drugs. The Public Health Committee of the Massachusetts Medical Society has been working on this matter, and I am sure you will hear more about this through your normal medical channels.

Immunization Program

I want to compliment and congratulate this Society for the leadership it has shown in sponsoring the recent immunization program in Hampden County. I became aware of the program through the excellent news stories and I am informed by the Commissioner of Public Health that this was a pioneer effort in this State and an eminently successful program. This program, conducted by the Hampden District Medical Society, consisted of 40 clinics operating simultaneously in 23 communities. About 125,000 persons were immunized against polio. I would hope to see this Society continue to show this type of leadership in dealing with many other community health problems.

Confidence and Support Needed

An editorial in your State Society's *New England Journal of Medicine,* titled *"Legislature Sits Again",* published January 31, 1963, states in part:

"Despite what may be termed the poor legislative image of Massachusetts, highlighted and often times exaggerated nationally, the Massachusetts legislators do a commendable job, are conscientious and knowledgeable, are able to sift the chaff from the voluminous wheat and effect, by and large, sensible legislation."

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These are kinds words and they need to be said more often, because they are true. Good state government is a two-way street. The people demand and plead for support of their pet projects —but rarely, if ever, give support to their legislative representatives, or attempt to understand their problems. The recent referendum, which would have increased legislators' pay was voted down. When you know the facts, when you realize that being a state legislator, faced with 4,000 bills, is a full-time job, you can understand why the resulting vote was a slap in the face of the conscientious and knowledgeable legislator.

Surely, we'll continue to work to maintain high medical standards, which is but one of our problems. What we want in return is merely an understanding of our problems and support for our efforts to make our state legislature one in which you can be proud. I'm proud of our House and Senate, and I'm honored and proud to be President of the Senate. I'm tolerant of those who stand on the side and swipe at us as we do our best to represent them. They make no effort to understand our problems. Unjust and destructive criticism of our legislators seems to them to be the smart thing to do. Their stupidity doesn't help us, themselves, or their state.

The major legislative issues with which we will be faced next year include bills calling for drastic changes in Blue Shield and Blue Cross; chiropractor licensing, treatment of drug addicts, mental health programs on a community level, and I suspect about 100 other bills of greater or lesser importance. We shall do our best in the interest of Massachusetts' medicine, and we need your confidence and support.

#

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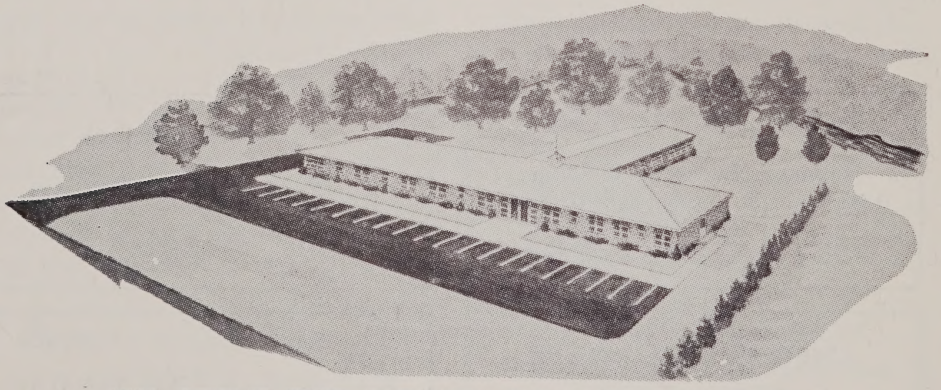

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ATTENTION! AUXILIARY MEMBERS ATTENTION!

PROPOSED AMENDMENTS AND REVISIONS (UNDERLINED) TO THE CONSTITUTION AND BY-LAWS OF THE WOMAN'S AUXILIARY TO THE HAMPDEN DISTRICT MEDICAL SOCIETY

(These Amendments Are To Be Voted On At The Auxiliary's Annual Meeting, April 14, 1965.)

ARTICLE II. OBJECT

The Object of this Auxiliary shall be:

2. To promote acquaintanceship among Physicians' families and to stimulate a feeling of local cooperation.

Shall now read:

2. To promote good will among Physicians' families and to stimulate local cooperation.

ARTICLE III. MEMBERSHIP

Section 5. Members wishing to resign shall submit their resignation in writing to the Secretary for action by the Executive Board.

Shall now read:

Section 5. A member wishing to resign shall submit her resignation in writing to the Secretary for action by the Executive Board. A member in good standing, who has resigned may be reinstated.

ARTICLE VI. ELECTIONS

The Officers and Directors of the Auxiliary shall be elected at the Annual Meeting in April. A majority of all votes cast shall be necessary to constitute an election.

Shall now read:

The Officers, Directors, and the five members of the Nominating Committee, shall be elected at the Annual Meeting in April. A majority of all votes cast shall be necessary to constitute an election.

ARTICLE IX. COMMITTEES

Section 1. The Standing Committees shall be: Program, Legislation, Civil Defense, Membership, Publicity, Public Relations, Health Education, Finance, Parliamentary, and Nominating.

Shall now read:

Section 1. The Standing Committees shall be: Program, Legislation, Disaster Preparedness, Membership, Publicity, Public Relations, Health Education, American Medical Association Education and Research Foundation, Finance, Parliamentary, and Nominating.

(over)

ARTICLE XII. DUES

Section 1. The membership dues shall be Five Dollars ($5.00) per year, payable not later than the December meeting.

Shall now read:

* The membership dues shall be Six Dollars ($6.00) per year, payable not later than November.

Section 4. Those joining the Auxiliary after August 1 will not be billed for dues until February 1 of the following year and upon payment of dues they will become active members.

Shall now be deleted.

---

* This revision is necessitated by the National Auxiliary assessment increase of $1.00 per member.

Evelyn Anton
Winifred Conway
Helen Corwin
Katherine D'Avanzo
Vlasta Diamond
Myra Wiedman
Jean Gramse, Chairman

ACADEMY

The next meeting of the
SPRINGFIELD ACADEMY OF MEDICINE
will be held on
TUESDAY, MARCH 9, 8:30 P.M.

Speaker:	**THOMAS S. SEXTON, M.D.** **Vice President, Mass. Mutual Life Ins. Co.** **Chief Medical Director**
Topic:	**"PROGNOSIS & PREMIUMS IN THE PRACTICE OF LIFE INSURANCE MEDICINE"**
Place:	**Auditorium, Municipal Hospital, Springfield**
Hospital Clinic:	**Wesson Memorial Hospital, 5:00 P.M.**

THE DOCTORS' VS THE K-A's PLAN FOR THE ELDERLY

Most welcome was the arrival on most physicians' desks on January 15 of the letter from President Ward of the A.M.A. outlining a simple, sensible program for providing health care to the needy elderly. This positive program consists basically of government financial support to enable every needy person over 65 to purchase the health insurance of his own choice.

Australia, after much conflict between the medical profession and the government, finally set up a program of this type a decade or so ago. It has proven most successful, is supported enthusiastically by the physicians, and, thanks to extensive use of existing insurance company machinery and experience, has been found very economical. The only compulsion in Australia's system is that citizens are required to buy health insurance, just as we here are required to buy automobile insurance. Where the individual cannot pay the full premium adjustment is made between the insurance company and the government, with no intrusion whatever into the relationship between the doctor or hospital and the patient.

Dr. Ward's letter urges us to "act swiftly to alert the public" and the Congress to the immense advantages of the Doctors' Plan over the administration program.

Indeed, to do this is still our great privilege and our duty. There is still time if we will all talk to our patients and friends *now*.

With the Doctors' Plan at hand comparison of the two programs is easy, and if the American public is quickly apprised of the facts it will force Congress, at the very least, to agree to improvements in the administration's bill.

A simple memorandum such as the following can be duplicated and given out selectively and methodically to our patients or sent along with our next monthly statements. It should also go

(over)

YOUR COMMITTEE OF CHOICE

For the fourth time in as many years you are invited to name the committee on which you would prefer to serve.

In order to insure the widest possible participation in Society affairs each member is urged to "sign up" for the committee of his choice.

On the inside of the front cover a complete list of committees appears. Write down your first and second preference on a piece of paper, sign it and forward it to Dr. Harry Memery, Secretary, Hampden District Medical Society, 1414 State Street, Springfield. In so doing you will be rendering a distinct service to your Society and its officers, who will give your expressed preference their most serious consideration. This, needless to say, applies only to committees appointed by the president.

Henry Burkhardt, M.D.,
President-elect

out to all our friends and neighbors.

Fact Sheet On Medical Care
February 1965

The Doctors' Plan for the Elderly:

1. Will provide federal aid to pay for comprehensive health care through insurance.
2. Will provide more coverage and benefits than the administration's program.
3. Will cost far less - in your taxes.
4. Will pay benefits promptly and efficiently.
5. Rests soundly on years of successful experience by the people and government of Australia.
6. Will keep the quality of care high - the best in the world.
7. Will preserve your freedom in health matters.
8. Is enthusiastically supported by your doctors and hospitals.

The administration's "medicare" program:

1. Would cover disappointingly little.
2. At much greater cost - in your taxes.
3. Would be compulsory - regardless of need - at your expense.
4. Would put government directly into matters of *your* health - whether you wish it or not.
5. Would break down the quality of medical care.
6. Would take away your freedom in health matters.
7. Is sincerely opposed by the great majority of the nation's doctors and hospitals.

The choice is clear.

Please help yourself and your family by writing AT ONCE to your senator and congressman in Washington, asking them to *support* the Doctors' Plan for the Elderly and to *reject* the administration's King-Anderson bill in Congress.

D.W.W.

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Tel. 781-0550

So They Say

"Simply because 'medicare' seems imminent in the wake of the Johnson avalanche does not make that scheme more desirable or less detrimental to the nation and the world's foremost medical profession. . . . The new AMA proposal would seem to satisfy both those concerned over the medical care for the elderly and those concerned over federal intervention in medicine."

St. Louis Globe-Democrat

"The AMA's long and bitter opposition to Administration programs for medical assistance to the aged should not influence the Congress in fully debating the AMA proposal. It deserves serious consideration. It offers those who are over 65 and in need of help more assistance than does the Administration's program. And it does it by a method that would not revolutionize the American medical system."

Chicago Sun-Times

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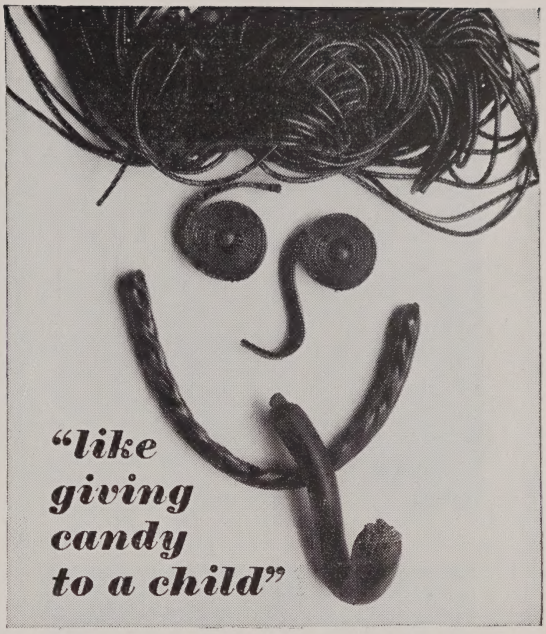

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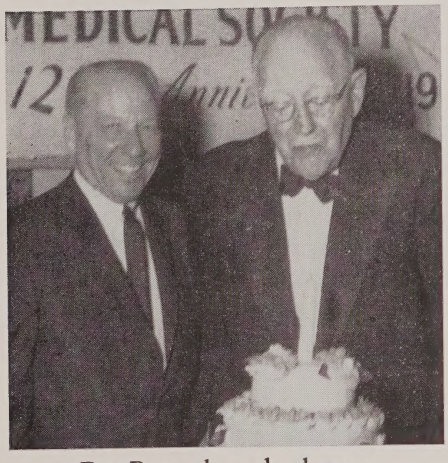
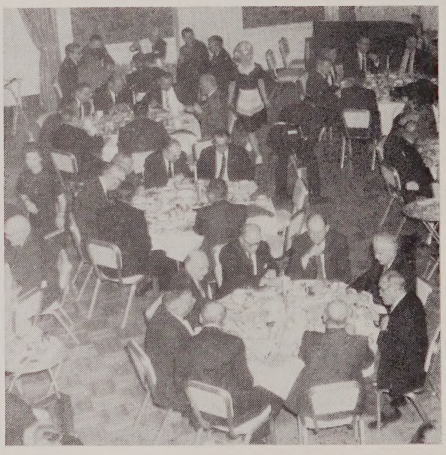
Partial view of head table.



Dr. Bagg does the honors.



Small cross section of the gathering.

One of the Past Presidents' special tables.

125th ANNIVERSARY DINNER-MEETING

(Highlights)

February 2, 1965 will go down in history as a day to remember. The occasion was a gala dinner-meeting commemorating the 125th Anniversary of the HDMS. Place: Kimball Towers, Springfield. In attendance: 300, the largest in the history of Hampden.

The well-rounded program showed evidence of careful and thorough planning on the part of the Program Committee and Mrs. Purdy. The celebration began with a congenial social hour which apparently did much to attune the membership to the festivities that followed. An attractive banner proclaiming the occasion draped the wall posterior to the head table. Anteriorly, special tables were reserved for Hampden's past presidents, Auxiliary representatives and other invited guests. Souvenir programs were provided for all at each of the numerous festive tables.

Chairman of the meeting was our capable and amiable President Ted Miner. Never before have so many dignitaries graced our head table. These included: U. S. Rep. Edward P. Boland of this city; Mayors Ryan of this city, Harold Martin of Westfield, and Daniel Dibble of Holyoke.; Drs. Clifford B. Harwood, Ralph L. Gilman, James M. Baty, Thomas A. Martin and John C. Ham, presidents, respectively of the Vermont, Connecticut, Massachusetts, Maine and Rhode Island state medical societies; President Norman R. Vester of the Joint Civic Agencies; Rt. Rev. Robert M. Hatch, Bishop of the Episcopal Diocese of Western Massachusetts; Rt. Rev. Msgr. Joseph A. Russell, Springfield Roman Catholic diocesan director of hospitals; Rabbi Herman E. Snyder of Sinai Temple; Dr. Edward P. Bagg, past president of the Hampden District and Massachusetts Medical Societies; Dr. Robert W. Buck, Massachusetts Medical Society secretary; Dr. Allen S. Johnson, past president of the Massachusetts Medical Society and of the HDMS, and Dr. Aloysius A. Bloniarz, Springfield, host to Dr. Ward.

Governor Volpe who was invited to attend expressed his regrets in the following telegram:

"May I extend my warmest personal greetings and those of the Commonwealth on the occasion of the Hampden District Medical Society's 125th Anniversary Dinner Meeting. I sincerely regret that I cannot be with you tonight but I feel certain that this will be a memorable event for all present. Massachusetts is proud of your District Medical Society.

Sincerely,
Governor John A. Volpe"

Following a few well-chosen introductory remarks by President Miner,

(over)

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the invocation was given by The Right Reverend Robert M. Hatch, D.D., Bishop, Episcopal Diocese of Western Massachusetts. A blessing was then offered by The Right Reverend Monsignor Joseph A. Russell, Diocesan Director of Hospitals. The dinner was delicious with the main course consisting of London Broiled Beef with Mushroom Sauce. The honor of blowing out the candle on top of a huge birthday cake went to none other than Dr. Edward P. Bagg.

After introducing the guests at the head table, Dr. Miner called on Al Bloniarz to present the guest of honor, Donovan F. Ward, M.D., President, AMA. They had served together in the U. S. Navy during World War II and have since remained very close friends. In introducing Dr. Ward, Al had some very interesting and amusing reminiscences to relate including a pilonidal operation at the hands of Dr. Ward.

President Ward began his remarks with a note of appreciation for the warm hospitality extended to him and for the energetic activities on the part of HDMS in general. His address was eloquent, informative and inspiring (see page 1). He received a tumultuous and resounding ovation.

The Benediction was offered by Rabbi Dr. Herman E. Snyder, following which the meeting adjourned.

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(Continued from page 2)

false story. The proponents of Medicare tax programs know they cannot sell their program on its merits so they resort to deception.

Using misleading labels, as do charlatans and quacks, they have hoodwinked our people.

We hear about a truth in packaging bill. Senator Hart of Michigan, and others, have said that people must be protected when they go to buy things.

And yet, I ask you, who does a greater disservice to America, those who mislabel the quality of the food we buy or the clothes we wear or those who mislabel ideas?

Human nature can be expected to consistently act in its own self-interest. A Houston editor recently wrote: "Either private medicine must gain the understanding and support of the public or it will become government medicine."

You and I know the reasons for the cost of medical care but other citizens do not. You and I know the great record of the health insurance industry and its contributions which make it possible for so many people to provide for their health needs, but the American people do not.

Kerr-Mills Vs. Medicare

We know that Kerr-Mills, with modifications can do the job so that no senior citizen is denied medical care because of financial need, but too many Americans do not even know about this law.

With the recommendations offered, the Kerr-Mills program can assure every senior citizen of the medical care he may need, when he needs it. But no solution to any problem will work unless people know and understand it and unless those charged with its responsibility really want it to work.

I meet many well-to-do people who do not know that their bills will be covered. They believe only the bills of the needy would be covered under what they know as Medicare.

Many of our poor senior citizens believe that their total medical needs would be met. What is the value of a Medicare Bill that does not provide for all or most of the needs of our elderly poor?

Many older people are misled by the false label, insurance. Many older people who are able to provide for themselves do not know that their children and grandchildren's wages will be taxed to pay their bills.

Council of Senior Citizens

Most older citizens do not know that the National Council of Senior Citizens is a political organization, dominated by labor bosses, who are using them as cat's paws in the game of politics.

For instance, we had a meeting in Chicago on the 13th of December covered by a newspaper man from a New York newspaper and others. At the meeting we had a publication dated December 14 that the National Council of Senior Citizens sent across the nation purporting to tell what took place at our meeting. It mentioned things we supposedly talked about, like the money we were going to raise, when we never even discussed this matter. This publication was circulated in Washington two days before we received it on December 11th, reporting news supposedly taking place on the 14th. Yet when the New York

newspaper came out and reported to the people what took place at our meeting, it freely quoted the bulletin of the National Council of Senior Citizens which was publicized before our meeting was held. The reporter knew that it was in his hands before our meeting was ever called to order.

This is the kind of distortion and lies which are presented to the American people. Is it any wonder then that some of our senior citizens have been misled?

Most older citizens do not know about the Kerr-Mills Law and what it could do to provide for all of the needs of the older people who need help.

Informing the Youth

I find young people do not know. Young people do not know that they can be taxed for 30 or more years to pay Medicare taxes. During that period of time they still will have to buy their own health insurance and pay for health care for themselves and their children.

Most young people do not know that their Medicare taxes will be taken from them to pay bills of the rich as well as the poor. Young people, too, have been misled by the term "insurance," which Medicare is not.

Young people do not know that while more taxes will be withheld from their wages, income from stocks, bonds and investments, oil, rents and royalties which amounts to 40 percent of the nation's income will not be subject to this payroll tax.

Most young people do not know that their Medicare taxes will not take care of all or even most health needs of the poor elderly.

Most young people do not know that their taxes may increase every year or two to keep up with the increasing numbers of the elderly, even though many of these older citizens will be able to provide for themselves because of insurance assets, pensions and other wealth.

Most young people do not know how great the tax will be on their wages. They do not know that some 18 million elderly citizens will never pay the tax as long as they live but will be cared for, the rich as well as the poor, their bills being paid by Medicare taxes on young workers. Yes, young people do not know the truth.

Informing the Profession

Most doctors do not even know the facts. Some are busy in research, seeking new ways to prevent, to treat, to cure disease. Some are busy teaching the physicians of tomorrow. Some are busy teaching the clinicians of today, to keep them informed on the ever-expanding horizon of medical practice. Great numbers are busy in taking care of the sick, our main reason for being.

Many doctors are confused by the false labels which promise to help their elderly patients who need it. Many doctors are unaware of what has happened to medicine in other countries, where non-medical bureaucrats make decisions and where quality has deteriorated in every phase of research, teaching and clinical practice.

And many doctors are naive. They think it could not happen here. They do not realize that if the government controls the dollars and pays the bills, it can gain complete control. May I remind you gentlemen that on Jan. 3, the Department of Health, Education

and Welfare sent out directives to anyone dealing with public accommodations, schools, hospitals and others where federal monies are involved, that, "We have now issued regulations and unless you abide and live by these regulations, we will cut off your money." Uncle Sam no longer will be benevolent and beneficent.

Where did he get the money in the first place? The federal government has no dollars that it does not first take from the states. But the federal government told the teachers across this land, "Either you will live by these regulations or we will cut off the money." It no longer depends upon education and persuasion or reason but rather on dictation. "You will do it our way, according to our regulations or we will cut off your money, after we take it from you." And there are doctors naive enough to believe that this could not happen here.

Many doctors are unaware of the shortcomings of legislation labeled Medicare which would provide for the rich and poor in a hospital or nursing home but would not provide for the non-hospital needs of the sick.

Seventy-five percent of the health care needs of our people would not be covered.

And isn't it interesting, we are being criticized and they hold up as a problem in America that our major health problems are cancer, heart disease and high blood pressure. If ever there was a tribute to the success of American medicine, this is it. Our people no longer die of diarrhea and dysentery which, this day, will kill one out of four persons around the world. They no longer die of malaria that killed two million persons last year. They no longer die of infectious diseases which were the leading cause of death in this country. They no longer die as youngsters or as young adults.

Today they die from accidents and they die from the diseases that come with age. Modern medicine has made it possible for them no longer to die as a result of these preventable and controllable diseases but to live so many years that our major problems are diseases of the elderly. This is a tribute rather than a discredit to the work of a great profession.

Many doctors do not know about the Kerr-Mills Law, what it was designed to do, what it is doing in some places, what it can do in all, how it can be improved, so that no senior citizen will be denied medical care because of inability to pay.

Yes, unfortunately, too many doctors do not know the true story.

What About Our Legislators?

Legislators do not know. Some buy the label, as do many of their constituents. Some follow the party platform blindly, without thinking, without considering the facts or issues.

Some legislators are content to drift with the winds and do what appears to be popular with the majority rather than attempt to truly represent the people who elected them.

Some are mere puppets who are dominated by and dictated to by labor bosses who tell them what to do.

Some are busy with other committees and matters of vital concern to the United States. Honest people, capable people but not informed people and, therefore, ignorant of the facts needed to make sound judgments.

Yes, many legislators do not know our story. But if our story is not known, if elderly citizens do not know

it, young citizens do not understand it, if many doctors are unaware of what we are trying to do and what can be done, if legislators do not know our story, what can we do?

Confronted by a giant political public relations campaign, too many people are no longer even discussing whether Medicare should pass, whether taxes should be increased to pay hospital bills for rich and poor alike, but rather what costs and in what manner.

Why the haste? Were the new members of Congress elected to represent their districts or are they to be rubber stamps for labor bosses now demanding their political payoff?

Is medicine to be sacrificed to political spoils? AFL-CIO leaders are gloating in their power over so many of the public's representatives. Without giving them time to become acclimated to Washington, to their new jobs, to the Congress and to their many responsibilities, they are saying, "We have the votes. Push the Medicare tax now. Might makes right. We have the power."

This is the law of the jungle. Force Medicare to be passed before the people or their new and inexperienced representatives have an opportunity to study it and understand it. Pass it now before older people realize it won't solve the health care needs of the really needy. Pass it now before young people understand that it is still another tax on their wages and will provide for the rich as well as the poor.

Pass it now before the doctors, busy caring for the sick, realize how it threatens their freedom to give the world's best medical care. Pass it now before businessmen realize that it not only will increase the cost of doing business but also will cut the purchasing power of people who need money to buy their products.

The Answer: K-M, Modified

Pass it now before governors and members of state legislatures realize it means an increased drain from their state of monies necessary to run their states.

In the discussion before my remarks, some of you mentioned the fact that some state legislatures are having financial difficulties. May I ask you, which is more costly, to provide for those in your states who are needy at the state level with federal assistance under Kerr-Mills or to send the money to Washington to provide for the needy and the rich in your state?

Two of our states have studied this. I recommend that you study it in your state and call it to the attention of your governor and your legislature. Governor Romney of Michigan testified before the Senate Finance Committee that the Kerr-Mills Law last year cost Michigan $30,000,000. Had they King-Anderson, they would have sent $120,000,000 from Michigan to Washington.

Kerr-Mills, with all the modifications that we have already presented, is nowhere near the cost of the more limited program offered under King-Anderson.

In the State of California last year nearly $60,000,000 was spent on the Kerr-Mills program. By its own figures, if California had King-Anderson, it would have sent to Washington not the $60,000,000 spent on Kerr-Mills, but $300,000,000.

Governors and legislators do have

a stake here. Let it not pass before they have an opportunity together with the 47 state legislators taking a look at the matter this year.

Pass it now the labor bosses say, before the people of this nation become informed, alarmed and motivated to do something about it.

Fundamental principles have frequently been forgotten in the almost hysterical band wagon push for this ill-conceived, inadequate legislation. Our position would be shortsighted, indeed, if we did not adhere to principles as the basis for our action.

I ask you, whose country is this? Does it belong to our patients, the American people, or does it belong to labor bosses and political demigods? Who has ever shown more concern for our people than have their doctors? We deliver their babies, we treat their injuries, we counsel their children, we bring to them the scientific needs of medicine and surgery, we comfort their elderly. Deep down inside, most of our people know these things are true.

Our story is true, but it must be told. We must tell it far and wide.

I predict that the ferment produced by an informed and dedicated profession which shares its concern with its patients, will generate the knowledge, the will and the strength to turn the tide to honest victory.

In a speech 24 years ago, Sir Winston Churchill, whose recent death we mourn, told the boys at his old school, Harrow, on the northern outskirts of London:

"Never give in. Never give in. Never, never, never, never, in nothing great or small, large or petty — never give in except to convictions of honor and good sense." #

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The opinions expressed in The Hippocrat do not necessarily represent the Official viewpoint of the Hampden District Medical Society.

A QUOTE OF NOTE

"It is imperative at this time that every individual physician who is concerned about the future profile of medical practice act swiftly to alert the public to:

1. the desirable features of the Doctors' Plan for the Elderly,

2. the dangers and limitations of King-Anderson legislation,

3. the need to urge the Congress to reject the King-Anderson proposal and support the Doctors' Plan for the Elderly."

Donovan F. Ward, M.D.
President AMA

THE SPRINGFIELD HOSPITAL PEDIATRIC GUEST SPEAKER PROGRAM

Thursday, March 4, 1965
Auditorium, Springfield Hospital

5:00 P.M. Clinical Sessions
6:00 P.M. Pediatric Rounds
6:30 P.M. Dinner
8:00 P.M. Lecture by Robert Winters, M.D.
Professor of Pediatrics
Columbia University

Subject: "Salt and Water Metabolism and Renal Physiology"

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If it is newsworthy and medical, the Hippocrat would like to hear about it.

REPORT OF SCHOLARSHIP COMMITTEE

Presented at Meeting of Dec. 1, 1964

The excess of donations over expenses by the Polio Immunization Program was $22,969.01. As you know it has been voted to expend this sum for scholarships to medical, pharmacy, and nursing students residing in Hampden County. There is some doubt as to the legality of collecting monies for one purpose and using them for another without the consent of the donors. Our legal counsel, however, thinks that since the donations were in such small sums that there would be no objection from the donors.

For tax purposes the HDMS is classed as a trade organization and may not receive bequests or donations without paying a tax on such income. In order not to pay such a tax the Society would have to disburse the entire scholarship fund within the same fiscal year. The committee felt that not enough qualified applicants would be available and that more good would be accomplished if the monies were used, instead, over a longer period of time.

Therefore, negotiations were started with the Charitable and Educational Fund of the MMS to see if it would accept the HDMS scholarship funds and expend them as recommended by the HDMS. The monies would have to be as an outright gift to the MMS Fund without strings. All income from this fund must be expended annually

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which is the reason for the restriction clause (see "Agreement" opposite), if Hampden District does not nominate persons for scholarships.

Therefore, I move that the HDMS donate the proceeds of the Polio Immunization Program to the Charitable and Educational Fund of the MMS as per attached agreement. I move also that a committee of three, known as the Scholarship Committee, be appointed. This committee shall recommend annually to the Charitable and Educational Fund of the MMS one or more recipients of income and of such part of the principal as it may decide for the HDMS.

John W. Turner, M.D.
B. Lincoln Wales, Jr., M.D.
Stanley Stusick, M.D.
Ralph T. Miller, M.D.,
Chairman

DR. MINER APPOINTED

President Ted Miner was appointed by President Baty of the MMS to represent the State Society at the Connecticut Medical Society's Annual Meeting, April 27, 28, and 29.

READER'S DIGEST REPRINTS

Reprints of an article entitled "Medicare — or Medical Care?" are available to you at society headquarters for distribution to your patients. This article, stripping away the propaganda from the administration's medical program, was published in the February issue of The Reader's Digest.

Agreement With Directors of Charitable and Educational Fund of The Massachusetts Medical Society

The Hampden District Medical Society agrees to contribute the proceeds of the Polio Immunization Program to the Charitable & Educational Fund of the Massachusetts Medical Society with the request that the income from this contribution, plus such principal as the Directors may determine, shall be paid each year in the form of scholarships to one or more medical, pharmacy, or nursing students chosen by Hampden and approved by the Directors of the Fund.

The Directors of the Charitable & Educational Fund agree to the above proposal with the stipulation that if the Hampden District fails to recommend recipients for these scholarships, the Directors may dispense this money as they see fit, and if Hampden fails to recommend recipients for two successive years, the above restrictions shall be void, and this contribution shall thereafter be used as the Directors may determine.

Further the money shall be paid directly to the school or college for the benefit of the student and not directly to the individual and no benefit may accrue to a relative of any current Director.

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Dr. Terry, U.S.PHS

THE HIPPOCRAT INTERVIEWS DR. WARD

Q. Dr. Ward, how is the medical profession reacting to the AMA's new Eldercare Program?

A. The response has been most gratifying. It exceeded by far all expectations. Many are saying "We are with you" and practically all are offering their support.

Q. How is the press reacting to the Eldercare Program?

A. There's been a fantastically favorable reaction on the part of the press. Many newspaper editorials have urged congress to give our program serious consideration before acting on any program for the aged.

Q. What can the individual physician, the HDMS, and the Auxiliary do in support of the program?

A. (a) Learn all the facts.
(b) Actively become engaged in telling the story.
(c) Encourage your friends and patients to write to their Congressmen and Senators.

COUNCILORS ATTEND

The following councilors attended the Council Meeting of the MMS held on February 10, 1965: Drs. Allan, Baker, Franseen, Hayes, Johnson, Miller, Millman, Miner, O'Malley, Palermo, Potsubay, Reilly, and Tillman.

HDMS PARTICIPATES

P-R Councilor Dr. Bob LaMarche and Dr. Bernie Bloom participated in a general panel discussion on TV Stations 22 and 32, Sunday February 14, 1965. The topic was "The Patient, Modern Hospitals and Medical Care Programs."

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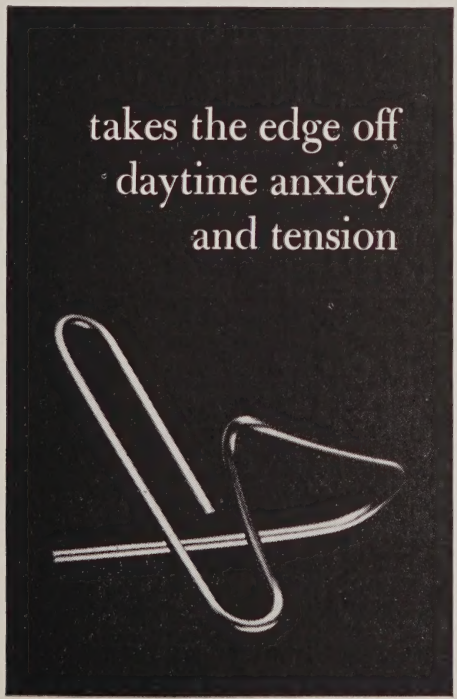

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